

109
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

DATE:

November 1, 1983

SUBJECT:

REQUEST FOR COMPLETION OF 124 PROCEDURE - TWO FACILITIES

FROM:

Betti Harris

TO:

Bob Stewart/Lynn Harrington

As discussed with you both briefly, I am attaching the folders for Litton Advanced Circuitry and U.S. Paint, both of which are in urgent need of completion of the Part 124 procedure. In both cases, the work is substantially completed and determinations have been made, so there should be little technical staff work involved.

Once you have completed the Part 124 actions, you may return the files to me and I will prepare the letter that will officially delete them from the system.

I will be out of town until Friday—I thought you might like to get started on these, perhaps using Midge, as we discussed.

Attach.



R00337369
RCRA RECORDS CENTER

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

DATE:

SUBJECT:

MEMO TO FILES - REVIEW OF TSD INTERIM STATUS WITHDRAWAL TO DETERMINE
IF PART 124 WITHDRAWAL PROCEDURE IS NECESSARY

FROM:

Betti C. Harris, Missouri Coordinator

TO:

FILE:

NAME OF FACILITY

LOCATION:

IDENTIFICATION #

Litton Adv. Circuitry
MO D007152903

I have reviewed the contents of this file and have determined that a
Part 124 withdrawal action is is not necessary to complete
the withdrawal of interim status for this facility.

Betti Harris

Date 1/1/83

Please give this your immediate attention.
All staff work has been done & it has
been ready to go for a year. Mr. Edwards
has been very patient, but he does need
to get it done.



ADVANCED CIRCUITRY

P. O. Box 2847, Commercial Station, Springfield, Mo. 65803 417 862-0751

MOD007152903

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October 14, 1983

Mr. David Wagoner
Director, Air and Waste Management Division
United States Environmental Protection Agency
Region VII
324 E. Eleventh Street
Kansas City, Missouri 64106

Dear Mr. Wagoner:

On April 5, 1983, Litton - Advanced Circuitry Division partitioned the EPA for a change in our classification from a Storage, Treatment, Disposal Site to that of a Generator. A copy of the application is attached. In the six months since our partition, there appears to have been little action taken to act upon our request. It is my understanding that the Forms, EPA 3510-1 and EPA 8700-12, were correctly filed. Also, the successful closure of our waste water lagoon in 1982 did eliminate our storage site. Thus, the classification as a Generator is appropriate.

If any additional information is required, please contact me at any time. I am looking forward to hearing from your department.

Sincerely,

David Edwards
Facilities Manager

DE/bq

Enclosure

CC: Gerald Lucey, ACD



ADVANCED CIRCUITRY

P.O. Box 2847, Commercial Station, Springfield, Mo. 65803-0847 417 862-0751

file

April 5, 1983

Mr. John J. Franke
Regional Administrator-Region VII
Environmental Protection Agency
324 E. 11th Street
Kansas City, Missouri 64106

Dear Mr. Franke:

Enclosed please find our revised EPA applications reflecting a change of classification from a treatment storage or disposal facility to strictly a generator classification. This change in classification is due to the closure of our waste water lagoon. This closure received EPA approval November 10, 1982.

If any further information is required, please contact me at any time.

Sincerely,

David Edwards

David Edwards
Facilities Manager

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Enclosures

CC: Mr. J. Dow - ACD
Mr. G. Lucey - Litton

EPA-ARWM/WMBR
OCT 24 1983
Region VII K.C., MO

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the **INSTRUCTIONS FOR FILING NOTIFICATION** before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

MOD007152903

I. NAME OF INSTALLATION

LITTON SYSTEMS INC.

P.O. Box 2847

II. INSTALLATION MAILING ADDRESS

Springfield, Missouri 65803

PLEASE PLACE LABEL IN THIS SPACE

III. LOCATION OF INSTALLATION

4811 West Kearney

Springfield, Missouri 65803

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

FM0D007152903

T/A C

1

I. NAME OF INSTALLATION

LITTON SYSTEMS INC., ACD

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 PO BOX 2847

CITY OR TOWN

4 SPRINGFIELD

ST.

ZIP CODE

M

065803

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

54811 W KEARNEY

CITY OR TOWN

6 SPRINGFIELD

ST.

ZIP CODE

M

065803

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 EDWARDS DAVID FACILITIES MGR

417-862-0751

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 LITTON INDUSTRIES

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

MOD007152903

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

	1		2		3		4		5		6
	F 0 0 6		D 0 0 7								
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26
	7		8		9		10		11		12
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

[illegible]

☐ 4. TOXIC
(D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

DATE SIGNED

4/5/83

EPA GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION (Read the "General Instructions" before starting.)		EPA I.D. NUMBER MOD007152903	
LABEL ITEMS		GENERAL INSTRUCTIONS			
I. DELETED NUMBER		If a preprinted label has been provided, affix it in the designated space. Review the information carefully. If any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.			
II. FACILITY NAME					
III. FACILITY MAILING ADDRESS					
IV. FACILITY LOCATION					

INSTRUCTIONS: Complete A through I to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any question, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column. If the supplemental form is attached to your answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements (see Section G of the instructions). See also Section D of the instructions for definitions of bold-faced terms.		MARK "X"	
QUESTION	YES	NO	FORM ATTACHED
A. Are there sewers or publicly owned treatment works which result in a discharge of waters of the U.S.? (FORM 2A)		X	
C. Is there a facility which currently results in discharges of chemicals off the U.S. other than those described in A or B above? (FORM 2C)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquaculture production facility which results in a discharge to waters of the U.S.? (FORM 2B)			X
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			X
F. Do you or will you inject at this facility industrial or municipal effluent below the lowest stratum containing within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			X
H. Do you or will you inject at this facility fluids for special purposes such as mining of sulfur by the Frasch process, solution mining of minerals, in-situ combustion of fossil fuels, or recovery of geothermal energy? (FORM 4)			X
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X

III. NAME OF FACILITY		PHONE (area code & no.)	
NAME	ADDRESS	AREA CODE	PHONE NO.
LITTON SYSTEMS, INC.	ADVANCED CIRCUITRY DIV.	417	862 0751
V. FACILITY MAILING ADDRESS			
A. STREET OR PO BOX			
PO BOX 2847			
B. CITY OR TOWN		C. STATE D. ZIP CODE	
SPRINGFIELD		MO 65803	
VI. FACILITY LOCATION			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
4811 W KEARNEY			
B. COUNTY NAME			
GREENE			
C. CITY OR TOWN		D. STATE E. ZIP CODE F. COUNTY CODE (if known)	
SPRINGFIELD		MO 65803	

USE SIC CODES (4 digit, in order of priority)

A. FIRST										B. SECOND									
7 3 6 7 9 (specify) ELECTRONICS COMPONENTS & SUBASSEMBLIES										7 (specify)									
C. THIRD										D. FOURTH									
7 (specify)										7 (specify)									

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?									
LITTON INDUSTRIES INC															<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box. If "Other", specify.)															D. PHONE (area code & no.)									
F - FEDERAL					M - PUBLIC (other than federal or state)					M (specify)					A 2 1 3 2 7 3 7 8 6 0									
S - STATE					O - OTHER (specify)																			
E. STREET OR R.F.D. NO.																								
3 6 0 N C R E S E N T																								
F. CITY OR TOWN															G. STATE					H. ZIP CODE				
B E V E R L Y H I L L S															C A					9 0 2 1 0				
																				I. INDIAN LAND				
																				Is the facility located on Indian lands?				
																				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharge to Surface Water)										B. PSD (Air Emissions from Proposed Sources)									
9 N										9 P									
C. RCRA (Underground Injection of Fluids)										D. OTHER (specify)									
9 U										(specify)									
E. RCRA 4 (Hazardous Waste)										F. OTHER (specify)									
9 R										(specify)									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

PRODUCTION OF PRINTED CIRCUIT BOARDS.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
Mr. Ron Enos, General Manager Advanced Circuitry Division										<i>Ron Enos</i>										4/6/83									

COMMENTS FOR OFFICIAL USE ONLY

C										D									
15 16 17 18										19 20 21 22									